

Massachusetts Department of Public Health (MDPH)
Immunization Program

Helpful Hints Around Vaccine Ordering

Vaccine Management Unit staff have compiled a list of some common issues that occur which can delay the vaccine ordering process, result in vaccine orders being reduced, or restitution being sought for vaccines being misused. Please review these bullet points with your staff in order to streamline the vaccine ordering process and eliminate any confusion.

Use the most current versions of the *Vaccine Order Form* and *Vaccine Usage Aggregate Report* (available on our web site at www.mass.gov/dph/imm and clicking on Vaccine Management), and submit them with the temperature logs from the previous month.

Vaccine Order Form

- Complete all of the demographic information at the top of the *Vaccine Order Form* every time you order so we can confirm or update this data before the vaccine is shipped.
- The Contact Person should be the individual filling out the forms.
- In the Order Details section, report vaccine inventory for all state-supplied vaccines even if you are not ordering doses for a particular vaccine.
- Do not report inventory for privately purchased vaccines. If you are keeping privately purchased vaccines separate from state-supplied vaccines (and you should), this should be easy.
- **When counting inventory, check for short-dated (2-3 month shelf life) product that might not be used before expiring. This product needs to be moved to another facility so that the vaccine is not wasted, and you will not have to make restitution by replacing the doses. If you are unable to locate a facility to move the vaccine to, call the Vaccine Management Unit at 617-983-6828.**
- If you have expired or damaged vaccines, do not count them as inventory. They are not available for use.
- Do not add unnecessary zeros, slashes or dashes in the boxes. See example *Vaccine Order Form*. This also applies to the *Vaccine Usage Aggregate Report*.

Vaccine Usage Aggregate Report

- Complete demographic information at the top of the form.
- Do not add unnecessary zeros as discussed above.
- For vaccines that were privately purchased, do not report these doses administered.
- For state-supplied vaccines, report all doses administered even if you are not ordering the vaccine on the *Vaccine Order Form*.
- If vaccine was damaged, report these doses along with the reason for the loss (see codes at bottom of form).

The Vaccine Management Unit processes provider vaccine orders Monday through Friday. However, in order to verify and compile orders to be transmitted to the Centers for Disease Control and Prevention (CDC) through their Secured Data Network (SDN), not all provider orders are processed on the day that they are received. Some provider orders received after “cut off” (to send the orders to the CDC) will be processed on the next business day. If you do not receive a faxed copy of your *Vaccine Order Form* confirming the doses approved within 2 business days after you sent your fax, please contact the Vaccine Management Unit at 617-983-6828. It is possible we did not receive the original fax.

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TO MAKE ORDERING AND

Vaccine Order Form ACCOUNTING FOR VACCINES

Fax to: 617-983-6924

Site No: (VACMAN ID)

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Site Name: EASIER

PLEASE REVIEW THE FOLLOWINGS:

Date Submitted: (mm.dd.yyyy)

□□.□□.□□□□

Contact Person:

Phone Number:

Email Address:

*ONLY FILL IN FIELDS THAT
REQUIRE A QUANTITY

FAX Number:

SHIPPING DETAILS

Shipping Address:

Delivery Hours:

City:

SEE EXAMPLE BELOW!

Mon:

Thu:

State: Zip:

Fri:

Wed:

UNACCEPTABLE

ORDER DETAILS

ACCEPTABLE

| Vaccine Inventory | Current | Doses Used | Doses Requested | (office use only) Approved | Vaccine Inventory | Current | Doses Used | Doses Requested | (office use only) Approved |
|----------------------------------|---------------|---------------|-----------------|-------------------------------|-------------------|---------|------------|-----------------|-------------------------------|
| DT | □□ | □□ | □□ | □□ | Pediarix | 0 | 14 | 30 | □□ |
| DTaP | □□ | □□ | □□ | □□ | Pentacel | 13 | 7 | 10 | □□ |
| eIPV | 12 | □□ | □□ | □□ | PPV23 | 5 | 0 | 10 | □□ |
| Hep A (adult) | □□ | □□ | □□ | □□ | Rotavirus | 17 | 1 | 0 | □□ |
| Hep A (peds) | 000 | 000 | 000 | □□ | Td | 0 | 0 | 10 | □□ |
| Hep B (adult) | □□ | □□ | □□ | □□ | Tdap | □□ | □□ | □□ | □□ |
| Hep B (peds) | 5 | 60 | 50 | □□ | | | | | |
| Hib | 9 | 1 2 3 4 5 | 10 | □□ | | | | | |
| HPV (vfc only) | 15 | 11 11 11 | □□ | □□ | | | | | |
| MCV4-D (Menactra [®] 1) | □□ | □□ | □□ | □□ | | | | | |
| MCV4-CRM (Menveo [®] 2) | □□ | □□ | □□ | □□ | | | | | |
| MMR | □□ | □□ | □□ | □□ | | | | | |
| PCV13 | □□ | □□ | □□ | □□ | | | | | |

1 For ages 9 mos. thru 55 yrs

2 For ages 2 yrs thru 55 yrs